

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 01/02/10 and finalized on 01/03/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>Complaint #NV00024223 was substantiated with deficiencies cited. (See Tag A144) Complaint #NV00024017 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00		
A 88 SS=D	<p>NAC 449.982 Sanitation and Housekeeping</p> <p>The administrator shall ensure that the sanitation and housekeeping staff of the center:</p> <p>2. Keeps the center free of offensive odors, dirt</p>	A 88		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 88	Continued From page 1 and hazards. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation and document review the facility failed to ensure a main evacuation route at the center was clear of hazards and not blocked by numerous gurneys and wheelchairs. Severity: 2 Scope: 3	A 88			
A100 SS=E	NAC 449.983 Protection from Fires and Other Disasters 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to ensure fire drills were conducted once each quarter for the year of 2009 and a written report and evaluation was completed on each drill and on record at the facility. Severity: 2 Scope: 2	A100			
A102 SS=E	NAC 449.983 Protection from Fire and Other Disaster 1. The administrator shall ensure that the center,	A102			

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A102	Continued From page 2 members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and document review the facility failed to conduct an annual disaster drill for the year 2009 and failed to have any written reports or evaluations of disaster drills on record at the facility. Severity: 2 Scope: 2	A102		
A103 SS=D	NAC 449.983 Protection from Fire and Other Disasters 2. An ambulatory surgical center must be equipped with an automatic sprinkler system that is in good working condition and is approved by the state fire marshal. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation the facility failed to ensure 2 sprinkler heads in operating room #1 and 4 sprinkler heads in the post anesthesia care unit were free from an accumulation of dust and dirt and were in good working condition. Severity: 2 Scope: 2	A103		

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A118	Continued From page 3	A118		
A118 SS=D	<p>NAC 449.9855 Personnel</p> <p>3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation:</p> <p>(d) Such health records as are required by chapter 441A of NAC.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on record review and document review the facility failed to ensure 1 out of 8 employees had evidence of a physical examination or certification from a licensed physician that the person was in a good state of health and free from active tuberculosis and any other communicable disease in a contagious stage. (Employee # 6)</p> <p>Severity: 2 Scope: 1</p>	A118		
A144 SS=D	<p>NAC 449.989 Medical Records: Contents</p> <p>The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:</p> <p>7. Reports of all studies ordered, including laboratory and radiological examinations.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on record review and document review the facility failed to ensure a patients medical record was complete and accurate and contained laboratory studies and reports ordered by the physician.(Patient#2)</p> <p>Severity: 2 Scope: 1</p> <p>Complaint # NV00024223</p>	A144		

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A167 SS=D	<p>NAC 449.9905 Pharmacist Required</p> <p>5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855</p> <p>Based on observation, interview and the facilities medication storage policy and procedure review, the facility failed to ensure 3 bags of intravenous fluids containing Lactated Ringers were not kept in stock after the expiration date on the label.</p> <p>Severity: 2 Scope: 1</p>	A167			

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